

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 10/525851

Г		CLAIMS	AS FILED - P																		
		OLAMIS				SMALL EN	SMALL ENTITY TYPE		OTHER THAN R SMALL ENTITY												
U.S. NATIONAL STAGE FEES			(Column 1)		(Column 2)	,		- ON	SWALL	EMIIIA											
						RATE	FEE]	RATE	FEE											
BASIC FEE			SMALL ENT. ≈ \$ 150		LARGE ENT. = \$ 300 All other situations =	BASIC FEE	150	OR	BASIC FEE												
EXAMINATION FEE			(4) = \$50/\$	Satisfies PCT Article 33(1) (4) = \$ 50 / \$ 100		EXAM. FEE	100	1	EXAM. FEE												
SEARCH FEE			U.S. is ISA = \$50 ALL other countr \$ 200 / \$ 400	les =	All other situations = \$ 250 / \$ 500	SEARCH FEE	200		SEARCH FEE												
FEE FOR EXTRA SPEC. PGS.			minus	100 =	/50 =	X \$ 125 =		1	X \$ 250 =												
TOTAL CHARGEABLE CLAIMS			23 minus 20 = .		3	X \$ 25 =	75	OR	X \$ 50 =												
┡	EPENDENT C		/ minus 3 =			X \$ 100 =		OR	X \$ 200 =												
MULTIPLE DEPENDENT CLAIM PRESENT						+ \$ 180 =	180	OR	+ \$ 360 =												
If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL	705	OR	TOTAL												
		CI AINE AC	AMENDED	•		-															
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 2)						OTHER THAN SMALL ENTITY OR SMALL ENTITY															
		CLAIMS		(Column	, , , , , , , , , , , , , , , , , , , 	O.IIAEE E			SMALLE	MIIIY											
AMENDMENTA		REMAINING AFTER AMENDMENT	١	NUMBER PREVIOUS PAID FOR	LY EXTRA	RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE											
	Total	23	Minus **	Zo	• 3	X \$ 25 =	175	OR	X \$ 50 =												
	Independent	•	Minus •••	3	=	X \$ 100 =	()	OR	X \$ 200 =												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+\$ 180 =		OR	+ \$ 360 =												
						TOTAL ADDIT.		OR	TOTAL ADDIT. FEE												
		(Column 1)		(Column 2 HIGHEST				_													
NDMENT B		REMAINING AFTER AMENDMENT	P	NUMBER REVIOUSL PAID FOR	PRESENT EXTRA	RĄTE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE											
	Total	•	Minus **		=	X \$ 25 =		OR	X \$ 50 =												
AMENO	Independent	•	Minus		9	X \$ 100 =		OR	X \$ 200 =												
	FIRST PRES	ENTATION OF MI	ULTIPLE DEPEND	ENT CLAI	м	+*\$ 180 =		OR	+ \$ 360 =												
				TOTAL ADDIT. FEE		OR T	TOTAL ADDIT. FEE														
* If the entry in cotumn 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".																					
											"This the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".										
											The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										